



**International Confederation of Amputee  
Associations Application Form for Full Members 2025**

**Association Details**

Association Name			
Registered Address			
Town		Postal Code	
Correspondence Address (if different from above)			
Town		Postal Code	
Registration Number			
Website			
Date of Application			

**Applicant on behalf of the Association details**

Title (Mr, Mrs, Ms)	
First (given) Name	
Surname	
Current Position in Association	
Contact Number	
E-mail Address	

## Payment of membership fee

If your association would like to pay the membership fee in 2025, please note that the membership rate for 2025 depends on the economic status of the country in which your organisation is based. To encourage Amputee Association Membership from all world regions, a sliding scale is applied related to the World Bank country categories (see <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>) as follows:

Low income country = Euros 35

Low middle income country = Euros 50

Upper middle income country = Euros 75

High income country = Euros 100

A membership year is a calendar year from January to December 2025

Please submit your application without payment. If your application is successful then the Secretariat of the International Confederation of Amputee Associations will send you an invoice.

### **DECLARATION:**

I confirm that the named association agrees to abide by the membership regulations outlined in the Governing Document of the International Confederation of Amputee Associations. All information provided is correct to the best of my knowledge, and I have the authority to apply for membership on behalf of the named Association.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please return completed applications to:

IC2A  
Friedrichstr. 10  
72649 Wolfschlugen  
Germany

or scan and attach to an email to:

[full-membership@ic2a.world](mailto:full-membership@ic2a.world)

PLEASE NOTE WE PREFER EMAIL CORRESPONDENCE

IC2A Secretariat use only

**Application Accepted**            **Signed** \_\_\_\_\_

**Application Rejected**            **Signed** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Signed** \_\_\_\_\_

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**Send acceptance letter**     

**Request payment**     

**Payment received date:** \_\_\_\_\_

**Request logo**     

Version 8: February 2023